

2011 Procedures Adult Criteria

Acne Surgery (Custom) - UDOH

CLIENT:	Name	D.O.B.	ID#	GROUP#
CPT/ICD9:	Code	Facility	Service Date	
PROVIDER:	Name	ID#	Phone#	
	Signature	Date		

INDICATIONS (choose one and see below)

- ☐ 100 Marsupialization
- ☐ Indication Not Listed (Provide clinical justification below)

- ☐ 100 Marsupialization [One]⁽¹⁾
- ☐ 110 Continued symptoms following 3 month trial of conventional therapy (i.e. topical and oral antibiotic therapy, Hormonal agents in females, Oral retinoids, etc.)

Notes

(1)

Acne surgery is considered medically necessary for the management of acne vulgaris when infection and/or complications that would result in permanent damage altering function are present (Scarring resulting from acne is considered cosmetic).

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